

## **MDR Tracking Number: M5-04-0751-01**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11-07-03.

### **I. DISPUTE**

Whether there should be reimbursement for CPT codes 99213, 97265, 97250, 97122, 97110, 95851, 73221-27 for dates of service 05-30-03 through 06-18-03 and additional reimbursement for CPT code 97530 date of service 08-04-03.

### **II. FINDINGS**

The medical necessity issues for date of service 09-09-03 were withdrawn on 12-15-03 by \_\_\_\_ from Central Dallas Rehab. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 12-16-03 requesting the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

### **III. RATIONALE**

Review of CPT code 99213 dates of service 05-30-03 through 06-18-03 (10 DOS) revealed that neither the requestor nor the respondent submitted EOB's. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. The respondent provided information indicating payment had been made. The requestor was contacted at phone number \_\_\_\_ and per \_\_\_\_ with Central Dallas Rehab no payment has been received. Reimbursement is recommended per the 96 Medical Fee Guideline in the amount of \$480.00 (\$48.00 X 10 DOS).

Review of CPT code 97265 dates of service 05-30-03 through 06-18-03 (9 DOS) revealed that neither the requestor nor the respondent submitted EOB's. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. The respondent provided information indicating payment had been made. The requestor was contacted at phone number \_\_\_\_ and per \_\_\_\_ with Central Dallas Rehab no payment has been received. Reimbursement is recommended per the 96 Medical Fee Guideline in the amount of \$387.00 (\$43.00 X 9 DOS).

Review of CPT code 97250 dates of service 05-30-03 through 06-18-03 (9 DOS) revealed that neither the requestor nor the respondent submitted EOB's. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. The respondent provided information indicating payment had been made. The requestor was contacted at phone number \_\_\_\_ and per \_\_\_\_ with Central Dallas Rehab no

payment has been received. Reimbursement is recommended per the 96 Medical Fee Guideline in the amount of \$387.00 (\$43.00 X 9 DOS).

Review of CPT code 97122 dates of service 05-30-03 through 06-18-03 (9 DOS) revealed that neither the requestor nor the respondent submitted EOB's. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. The respondent provided information indicating payment had been made. The requestor was contacted at phone number \_\_\_\_ and per \_\_\_\_ with Central Dallas Rehab no payment has been received. Reimbursement is recommended per the 96 Medical Fee Guideline in the amount of \$315.00 (\$35.00 X 9 DOS).

Review of CPT code 97110 dates of service service 05-30-03 through 06-18-03 (10 DOS) revealed that neither the requestor nor the respondent submitted EOB's. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Reimbursement not recommended.

Review of CPT code 95851 (2 units) date of service 06-02-03 revealed that neither the requestor nor the respondent submitted an EOB. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request an EOB. The respondent provided information indicating payment had been made. The requestor was contacted at phone number \_\_\_\_ and per \_\_\_\_ with Central Dallas Rehab no payment has been received. Reimbursement is recommended per the 96 Medical Fee Guideline in the amount of \$72.00 (\$36.00 X 2 units).

Review of CPT code 73221-27 date of service 06-04-03 revealed that neither the requestor nor the respondent submitted an EOB. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request an EOB. The respondent provided information indicating payment had been made. The requestor was contacted at phone number \_\_\_\_ and per \_\_\_\_ with Central Dallas Rehab no payment has been received. Reimbursement is recommended per the 96 Medical Fee Guideline in the amount of \$756.00.

CPT code 97530 date of service 08-04-03 denied with denial code 111 (non-contracted provider). The requestor did not provide information that a contract did not exist. No additional reimbursement is recommended.

#### **IV. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 99213, 97265, 97250, 97122, 95851 and 73221-27 for dates of service 05-30-03 through 06-18-03. The Division determined that the requestor **is not** entitled to reimbursement for CPT code 97110 for dates of service 05-30-03 through 06-18-03 or for additional reimbursement for code 97530 for date of service 08-04-03.

#### **V. ORDER**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 05-30-03 through 06-18-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

The above Findings and Decision and Order are hereby issued this 7th day of December 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh